

**City of Fayetteville Occupational Tax Permit (Business License) PROFESSIONAL
Application Instructions.**

BUSINESS NAME AND LOCATION: Local street address in Fayetteville.

DESCRIPTION OF BUSINESS: Please list **ALL** business activities to be conducted at this location. This is the description that will be printed on the permit. (Example: Medical Practice, Surgery Center, Legal Practice)
Please provide copy of state license for all professionals.

Number of full-time and part-time employees for the company (include employees of all locations). If more than ten (10) employees, E-Verify number is required. Please note that a State or Federal Tax ID is not the same as an E-Verify number.

Social Security number, Federal or State Tax ID, and/or Sales Tax number: At least one is required.

BUSINESS OWNER: Name of the Corporation, LLC, Partnership, individual, etc., that owns the business.

Mailing address, phone number, and e-mail address of business owner.

Name and title of person completing the application (owner, manager, etc.)

U.S. Citizen: Please check yes or no. If not a citizen, please bring in legal resident card.

NAME AND ADDRESS OF PROPERTY OWNER: Company or person that owns the building.

Second Page: Complete the first five lines only.

Emergency Contact Form: Please complete all emergency contact information as listed.

New Occupational Tax Sheet: Please complete all information.

Department of Revenue Official Addendum to Business Occupancy License Application:
Please complete this form even if you do not have a sales tax number.

The **Private Employer Affidavit** and the **U.S. Citizen/Qualified Alien Affidavit** must be signed and notarized. Notaries are available at City Hall or you may use a notary elsewhere. Please bring your driver's license or photo I.D. with you. If you are not a U.S. citizen, please bring your green card or proof of legal residence. **PLEASE BE SURE TO SIGN IN FRONT OF THE NOTARY.**

When your application is received, it will be e-mailed to the departments listed for their approval. You will be contacted when the license is ready to pick up. Payment will be made at the time the license is picked up.

Professionals will not pay a fee the first year. Each year at time of renewal, professionals may choose to either pay a \$300 flat fee per professional or a tax based on gross revenue (kept confidential), which will not be less than \$75.

Please note all occupational tax permits expire on December 31st. Renewal forms will be mailed in December 2020. Please complete and return the forms and you will be billed for 2021. Payment for the 2021 renewal must be received by March 31, 2021 to avoid penalty and interest. Please keep us updated if your mailing address changes, or if you move from one location to another, or close the business.

If you have any questions, please call 770-719-4165 or e-mail PBrown@fayetteville-ga.gov.

Rev. 12/26/19

PROFESSIONAL

CITY OF FAYETTEVILLE
240 GLYNN STREET SOUTH
FAYETTEVILLE, GA. 30214
Phone: 770-461-6029 FAX: 770-460-4238

OCCUPATIONAL TAX PERMIT (BUSINESS LICENSE) APPLICATION

() LLC () Home Occupation RENEWAL DUE: 01-01-2021
() Single Proprietor () Non-Profit Organization PENALTY APPLIED: 04-01-2021
() Corporation/Partnership CITATIONS ISSUED: 05-01-2021

BUSINESS NAME: _____

BUSINESS LOCATION: _____
(Please include suite number if applicable.) (Fayetteville GA)

DESCRIPTION OF BUSINESS: _____
(List all business activities to be conducted at this location)

BUSINESS LOCAL PHONE: _____

NUMBER OF EMPLOYEES: _____ Full-Time _____ Part-Time E-VERIFY # _____
(If more than 10 employees)

SOCIAL SECURITY #: _____ **FEDERAL TAX ID:** _____

STATE TAX ID: _____ **SALES TAX #:** _____

BUSINESS OWNER INFORMATION:

BUSINESS OWNER: _____
(Name of Corporation, LLC, Individual, etc.)

MAILING ADDRESS: _____

PHONE: _____ **E-MAIL:** _____

APPLICATION COMPLETED BY: _____

IS APPLICANT U.S. CITIZEN? _____ YES _____ NO (If no, please bring in legal resident card.)

PROPERTY OWNER'S INFORMATION:

NAME: _____

ADDRESS: _____

NOTE: Professionals do not pay a fee the first year. Each year at the time of renewal, professionals may choose to either pay the flat rate of \$300 per professional or a percentage of gross revenue, which will not be less than \$75 (administrative fee).

CITY OF FAYETTEVILLE

Date: _____

Property Address: _____

Type of Business: _____

Owner of Business: _____

Business Name: _____

REMAINDER OF THIS PAGE FOR OFFICE USE ONLY

PLANNING & ZONING: Julie Brown (770-719-4180) Main Street District: ___ Yes ___ No

Date: _____ By: _____

Comments: _____

SIGNS: Will new signs be installed for the business or changes made to existing signs? ___ Yes ___ No

If yes, has sign permit been approved? ___ Yes ___ No Sign Permit # _____

ALCOHOL: Serving or Retail Sale? ___ Yes ___ No ___ If yes, does location meet distance requirements for schools, churches, residences, etc., as described in City Ordinance Sec. 10-34(6)(a)(b)? Yes ___ No ___

WATER AND SEWER/SERVICE/FINANCE: Carleetha Talmadge or designee (770-461-6029)

Has service been applied for? Yes ___ No ___

Date: _____ By: _____

FIRE DEPARTMENT: Bill Rieck (770-719-4052)

Date: _____ By: _____

Comments: _____

BUILDING DEPARTMENT: Greg Taliercio or designee (770-719-4065)

Date: _____ By: _____

Comments: _____

FAYETTE COUNTY E-9-1-1 COMMUNICATIONS

EMERGENCY CONTACT FORM

Name of Business: _____

Business Address: _____

Prior Business Name **(if applicable)** _____

Prior Address of Business in Fayette County **(if applicable)**: _____

Business Phone Number _____

Business Owner(s) Name: _____

Business Owner(s) Home Phone Number: _____
(Emergency use only)

Building Owner Name: _____

Building Owner Phone Number: _____

Additional Emergency Contact: (Someone who can gain access to the business after normal business hours in the event of Fire, Burglar Alarm, or Other Emergency)

1) Name _____ Phone # _____

2) Name _____ Phone # _____

3) Name _____ Phone # _____

NEW OCCUPATIONAL TAX

New Business ()
New Business Owner ()
New Location ()
Name Change ()
Home Occupation ()

Business Located in Main Street District: ____ Yes ____ No

If so, how many employees? _____

E-Mail Address: _____

DATE: _____

PHONE: _____

BUSINESS NAME

BUSINESS ADDRESS

CONTACT PERSON

TYPE OF BUSINESS

FOR STATISTICAL PURPOSES ONLY: Please select the following SBA Class which best describes your
(OPTIONAL) business: ____ Small Business ____ Female ____ Minority

IMPORTANT INFORMATION FOR NEW BUSINESS APPLICANTS

Renovations – Most modifications to a building will require a permit from the City’s Building Department. If you are planning to alter the interior or exterior of your new business in any way (add walls, remove walls, electrical/plumbing/heating and air work, etc.) please contact Greg Taliercio prior to starting your project: (770) 719-4065 / gtaliercio@fayetteville-ga.gov

Exterior Renovations to a building require approval from the Planning and Zoning Commission. Please contact Julie Brown at (770) 719-4180 / jbrown@fayetteville-ga.gov

Signage – A permit from the City of Fayetteville is required for new sign installations and in most cases existing sign modifications. Prior to moving forward with any signage for your new business, please contact Geneva Walker regarding the City’s requirements and ordinances pertaining to signs: (770) 719-4177 / gwalker@fayetteville-ga.gov

Water Department - If your business is located inside the City Limits of Fayetteville and you are the responsible party for paying for water and/or sewer service, you will need to bring with you a copy of your lease, two forms of ID, and there is a processing fee or transfer fee. Please contact Brenda Williams at (770)719-4187 / bwilliams@fayetteville-ga.gov for more information.

Modify or Add Business Activities – If at any time you plan to modify or add to the type of business activities associated with your license beyond the original description, you are required to contact the city in advance and apply to have the new or modified activities approved. Please contact Phyllis Brown at 770-719-4165 / pbrown@fayetteville-ga.gov

SIGNATURE OF APPLICANT

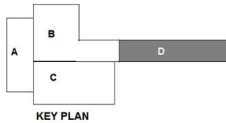
DATE



ADDITIONAL REQUIREMENTS FOR PLACES OF ASSEMBLY

To ensure the citizens and visitors of the City of Fayetteville are provided with safe structures, the following information is required for all businesses classified as an assembly occupancy (including but not limited to: restaurants, dance halls, gyms, places of religious worship, etc.). This information shall be professionally prepared and drawn to scale with sufficient clarity and shall contain at minimum:

- Business name
- Site address
- A key plan is required if the business is in a multi-tenant building. (A key plan is a small, overall layout of the building that identifies the area in question – see example below)



- Existing and proposed floor plan
- Full dimensioned plan (with room dimensions and square footages) of proposed layout
- All rooms to be labeled for their intended use
- Details of restrooms (number and location of ADA compliant restrooms, total number of toilet and sinks provided in each restroom, etc.)
- Life safety plan (complete with path of egress, emergency lighting, occupancy loads, etc.)
- If there are no proposed changes to the mechanical, electrical or plumbing (MEP) systems then that will need to be noted on the plans. If there are proposed changes then full MEP drawings reflecting the proposed changes will be required.

For questions regarding the plan requirements, please contact:

Greg Taliercio
Building Official
(770) 719-4065

OR

Bill Rieck
Fire Marshall
(770) 719-4052
brieck@fayetteville-ga.gov

gtaliercio@fayetteville-ga.gov



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

OFFICIAL ADDENDUM TO BUSINESS OCCUPANCY LICENSE APPLICATION

Required Fields

Name of Resident (Legal Name or Trade Name)
Mailing Address if Different From the Physical Address
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address
Sales Tax ID #, if your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA. 30345

An Equal Opportunity Employer

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)
Required by Georgia Law**

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from the City of Fayetteville, Georgia, the undersigned applicant representing the private employer known as

_____ [printed name of business]

verifies one of the following with respect to my application for the above mentioned document:

(CHECK ONE)

_____ On January 1st of the below signed year the individual, firm, or corporation employed **MORE THAN TEN (10) EMPLOYEES.**

_____ On January 1st of the below signed year the individual, firm, or corporation employed **TEN (10) OR LESS EMPLOYEES.**

***IF THE EMPLOYER SELECTED MORE THAN TEN (10) EMPLOYEES, PLEASE FILL OUT
FEDERAL WORK AUTHORIZATION USER ID NUMBER BELOW. THIS IS NOT THE
SAME AS THE TAX ID NUMBER.***

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ day of _____, 202__ in _____ (City) _____ (State)

Signature of Authorized Officer or Agent (Representative of Business)

Printed Name of and Title of Authorized Officer or Agent (of Business)

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 202__.

NOTARY PUBLIC

My Commission Expires:

U. S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath, as an applicant for a City of Fayetteville, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Fayetteville Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (CIRCLE ONE) for:

(Name of natural **person** applying on behalf of individual,
business, corporation, partnership, or other private entity)

1) _____ I am a United States Citizen

OR (only check one)

2) _____ I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

Printed Name:

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 20__

*

Alien Registration Number for Non-Citizens

Notary Public

My Commission Expires: _____

*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

OCCUPATIONAL TAX CERTIFICATE

DEPARTMENTAL APPROVALS

Prior to the issuance of an occupational tax certificate, application must be approved by each of the following departments.

Zoning Department	770-719-4180
Julie Brown	

Water Department	770-719-4161
Carleetha Talmadge	

Fire Department	
Bill Rieck	770-719-4052

Building Department	770-719-4065
Greg Taliercio or Designee	

Fayette County Health Dept.	770-305-5415
(Restaurants and Food Service)	

Copy of state license required if applicable, before city license is released.

Copy of Health Department certificate required if applicable before city license is issued.

IF YOUR BUSINESS MOVES FROM ONE LOCATION IN THE CITY OF FAYETTEVILLE TO ANOTHER, YOU MUST COMPLETE A NEW OCCUPATIONAL TAX (BUSINESS LICENSE) APPLICATION, COMPLETE WITH DEPARTMENTAL APPROVALS, TO ENSURE THAT YOUR NEW LOCATION MEETS THE REQUIREMENTS OF CITY ORDINANCES, AND TO PROVIDE CURRENT EMERGENCY CONTACT INFORMATION FOR THE FAYETTE COUNTY E-911 COMMUNICATIONS CENTER.

IF YOUR BUSINESS IS CLOSED OR MOVES OUT OF THE CITY LIMITS OF FAYETTEVILLE, PLEASE NOTIFY THE OCCUPATIONAL TAX OFFICE (770-719-4165) IN ORDER THAT WE MAY CLOSE YOUR ACCOUNT WITH THE CITY.

THIS LICENSE DOES NOT TRANSFER FROM ONE OWNER TO ANOTHER. THE NEW BUSINESS OWNER IS REQUIRED TO COMPLETE AND SUBMIT AN APPLICATION TO CITY HALL

DEFINITION OF GROSS RECEIPTS

Sec. 46-66(1)

Gross receipts means the total revenue of the business or practitioner for the period, including without being limited to, the following:

- a.** Total income without deduction for the cost of goods sold or expenses incurred;
- b.** Gain from trading in stocks, bonds, capital assets or instruments of indebtedness;
- c.** Proceeds from commissions on the sale of property, goods or services;
- d.** Proceeds from fees for services rendered; and
- e.** Proceeds from rent, interest, royalty or dividend income.

(2)

Gross receipts shall not include the following:

- a.** Sales, use or excise tax;
- b.** Sales returns, allowances and discounts;
- c.** Interorganizational sales or transfers between or among the units of a parent-subsidary controlled group of corporations as defined by 26 USC 1563(a)(1), or between or among the units of a brother-sister controlled group of corporations as defined by 26 USC 1563(a)(2), or between or among wholly owned partnerships or other wholly owned entities;
- d.** Payments made to a subcontractor or an independent agent;
- e.** Governmental and foundation grants, charitable contributions, or the interest income derived from such funds, received by a nonprofit organization which employs salaried practitioners otherwise covered by this article, if such funds constitute 80 percent or more of the organization's receipts; and
- f.** Proceeds from sales to customers outside the state.